Fill	in this information	to identify your case:	1100 3 1 1/2	SA NEMEN	7L Lnt	araa III	-/15/2		x only as directed in th	s form and in
D	ebtor 1	Alexandria	М	Rivera				_		
		First Name	Middle Name	Last Name				_	no presumption of abu	
	ebtor 2								culation to determine if polices will be made und	
(S	Spouse, if filing)	First Name	Middle Name	Last Name					st Calculation (Official F	
		uptcy Court for the:	Easterr	n District of	Pennsylva	nia	-		ans Test does not apply I military service but it o	
_	ase number known)							Check if th	nis is an amended filing	
								— Check ii ti	iis is an amended illing	
Of	ficial Form	122A-1								
Cł	napter 7 S	 Statement	of Your (Curren	t Mont	hlv I	nco	me		12/19
attad and beca with	ch a separate shee case number (if ki ause of qualifying this form.	et to this form. Includ nown). If you believe	e the line number that you are exem plete and file <i>State</i>	to which the a	additional in	formation of abuse b	applies because	s. On the top of e you do not ha	ing accurate. If more s any additional pages, ave primarily consume 707(b)(2) (Official Forn	write your name r debts or
1.	What is your mar	ital and filing status?	? Check one only.							
		Fill out Column A, line								
		our spouse is filing v	-			2-11.				
	_	our spouse is NOT fi				د ۸ مصیاه	and D III	naa 0 11		
	_			-					g this box, you declare	
	under pe		ou and your spouse	e are legally s	eparated und	der nonbar	nkruptcy	law that applie	es or that you and your	
va ex	aried during the 6 m	nonths, add the incom	ne for all 6 months	and divide the	total by 6. F	ill in the re	esult. Do column	o not include an only. If you hav umn A	ne amount of your mont y income amount more ye nothing to report for Column B Debtor 2 or	than once. For
							Debi	.01 1	non-filing spouse	
2.	Your gross wage deductions).	s, salary, tips, bonus	es, overtime, and o	commissions	(before all p	ayroll		\$4,275.68		
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.					olumn B		\$0.00		
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.							\$0.00		
5.	Net income from or farm	operating a business	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)		\$0.00						
	Ordinary and nec	essary operating expo	enses .	\$0.00						
	Net monthly incor	me from a business, p	profession, or farm	\$0.00		Copy here →		\$0.00		
6.	Net income from	rental and other real	property	Debtor 1	Debtor 2					
		efore all deductions)		\$0.00	Debior 2					
	. ,	essary operating expe	enses .	- \$0.00	_					
	,					Сору				
	Net monthly incor	me from rental or othe	er real property	\$0.00		here →		\$0.00		
7	Interest, dividend	ls and rovalties				*		\$0.00		
١.	uiviuello	io, ana royantes						+		

Debtor 1

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De	eptor 1	Alexandria	IVI	Document_	Page 2 o	f 3 Case nu	ımber (if known)	
		First Name	Middle Name	Last Name		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	8. l	Jnemployment compensa	tion	\$0.00		_		
Do not enter the amount if you contend that the under			amount received was a	a benefit				
	t	he Social Security Act. Ins	ead, list it here:		↓			
	F	or you		·····	\$0.00			
	F	or your spouse		<u>-</u>				
	t c r t 4	Pension or retirement inco- penefit under the Social Se- do not include any compen United States Government disability, or death of a mer- etired pay paid under chap that it does not exceed the entitled if retired under any Income from all other sou Do not include any benefit received as a victim of a w domestic terrorism; or con- the United States Governr	curity Act. Also, excessation, pension, pay, in connection with a other of the uniformediter 61 of title 10, the amount of retired pay provision of title 10 of the trees not listed about a received under the tractime, a crime agreensation, pension,	ept as stated in the next annuity, or allowance p disability, combat-related d services. If you receiv n include that pay only y to which you would ot other than chapter 61 of re. Specify the source a Social Security Act; pa ainst humanity, or interr pay, annuity, or allowar	sentence, paid by the ed injury or ed any to the extent herwise be that title. and amount. yments national or noce paid by	\$0.00		-
	Total	injury or disability, or death list other sources on a sep amounts from separate particulate your total curre each column. Then add the	arate page and put t ges, if any.	he total below. Add lines 2 through 10	for	+ \$4,275.68	+	= \$4,275.68
								monthly income
Ра	art 2:	Determine Whether t	he Means Test A	pplies to You				
12.	Calcu	late your current monthly	income for the year	. Follow these steps:				
	12a.	Copy your total current mo	nthly income from lir		Copy line 11 here →	\$4,275.68		
		Multiply by 12 (the numbe	r of months in a year).				x 12
	12b.	The result is your annual in	ncome for this part of	f the form.			4.0 h	
		·	·				12b.	\$51,308.16
13.		late the median family inc						
	Fill in	the state in which you live.		Pennsylvania	_			
	Fill in	the number of people in yo	ur household.	1				
	To find	the median family income to a list of applicable median ctions for this form. This list	13.	\$67,676.00				
14.	How o	lo the lines compare?	-					

Go to Part 3 and fill out Form 122A-2.

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*

Debtor 1

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Middle Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Alexandria M Rivera

Signature of Debtor 1

Date 05/15/2025

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.